

DEC 22 1941
Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3128a Ohio Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME DORA KATHERN CHARLTON

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John E. Charlton 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 13 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 7 26 hr. min.

9. Birthplace Annapolis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

12. Name Zemri Mann

13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Viney Wizenhunt

15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Ike Charlton

(b) Address 3128a Ohio Avenue

17. (a) Burial (b) Date thereof 11-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Annapolis, Missouri

18. (a) Signature of funeral director A W McLaughlin

(b) NOV 10 1941 2301 Lafayette Avenue

19. (a) (Date received local registrar) (b) J F Bruck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3128a Ohio Avenue (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day ninth year 1941 hour 8 minute 35 am.

21. I hereby certify that I attended the deceased from Nov 8 1941 to 11-9-41 that I last saw her alive on 11-9-41 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (Means of injury) _____

23. Signature W E Eder (M. D. or other) MD

Address 6639 W Date signed 1-9-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

L.R. Cooper
Licensed Embalmer No. 3633

P. O. Address. 2317 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.